MEDICAID LONG-TERM CARE ELIGIBILITY OVERVIEW

May 5, 2009

	LTC PROGRAM ELIGIBILITY	FUNCTIONS
ADULT HOME HELP SERVICES Uses DHS-54A medical necessity forms	Income 100% FPL (currently \$867 single individual) Persons over income limit may access coverage with group 2 deductible (spend down) eligibility \$2000 countable asset limit individual, \$3000 couple. Medically qualify & comprehensive assessment. (ASM 362)	Non-specialized hands on personal care service activities (e.g., taking medications, laundry, housecleaning, grooming) provided in the home and workplace. Use of DHS-324 as functional assessment.
PERSONAL CARE SUPPLEMENT Uses DHS-54A medical necessity forms	Income 100% FPL (currently \$867). Considered group of 1. Persons over income limit may access coverage with group 2 deductible (spend down) eligibility \$2000 countable asset limit. Medically qualify & comprehensive assessment. (ASM 372)	Supervision, protection, and personal care to ambulatory adults age 18 and over who are aged, developmentally or physically disabled, or mentally ill, and require supervision on an ongoing basis, but not continuous nursing care. Benefit covers services only not room and board. Use of DHS-324 as functional assessment.
MI CHOICE WAIVER (1915c) NF LoC	Income 300% SSI (currently \$2022). Considered group of 1. \$2000 countable asset limit. Special asset rules for community spouse. * Medically qualify & comprehensive assessment. Must receive at least one service each month. Aged 65 or older or at least aged 18 and disabled. No Spend-down. Not in nursing facility or HMO	Home and community-based services provided to aged or persons with physical disabilities who would otherwise require care in a nursing facility and requires at least one waiver service. Comprehensive assessment.

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NURSING CARE (Skilled Nursing Facility) NF LoC	Income 300% SSI (currently \$2022). Considered group of 1. Persons over income limit may access coverage with group 2 deductible (spend down) eligibility \$2000 countable asset limit. Special asset rules for community spouse. * A post-eligibility PPA is the patient share of their cost of nursing facility services. First determine MA eligibility. Then determine the post-eligibility PPA. MA income eligibility and post-eligibility PPA determinations are not the same. Countable income and deductions from income often differ. Medical expenses, such as the cost of LTC, are never used to determine a post-eligibility PPA.	Nursing and rehabilitative care provided by licensed and certified nursing facilities or long-term care units of hospitals. Comprehensive assessment.
PACE (Program of All Inclusive Care to the Elderly) NF LoC	Medically qualify & comprehensive assessment. Income 300% SSI (currently \$2022). Considered group of 1.\$2000 countable asset limit. Special asset rules for community spouse. * Age 55 years or older. Live within approved geographic area of PACE provider. Medically qualify & comprehensive assessment. Not in nursing facility, MI Choice Waiver or HMO.	The PACE program is a unique capitated managed care benefit for the frail elderly provided by a not-for-profit or public entity. The PACE program features a comprehensive medical and social service delivery system using an interdisciplinary team approach in an adult day health center that is supplemented by in-home and referral services in accordance with participants' needs. Comprehensive assessment.

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OSA TARGETED CASE MANAGEMENT NF LoCD	No special considerations, regular Medicaid rules apply.	
	Income 100% FPL (currently \$867 single individual).	Locates, mobilizes and manages a variety of home care and other services needed by a frail elderly person at risk of nursing home placement. Case managers assist in gaining access to needed services for which a person is eligible.
	Aged 60 years or older	
	Persons over income limit may access coverage with group 2 deductible (spend-down) eligibility.	
	\$2000 countable asset limit individual, \$3000 couple.	
MEDICAID HOSPICE	Medicaid eligible under any category	Hospice services include skilled care, personal care, palliative care, symptom and pain management, counseling and family support for people at the end of life and their families. Hospice services are typically rendered in the home, but may occasionally be provided in a residential facility.
	A statement from a physician showing that the person is expected to die within six months is necessary to receive hospice services.	
	Includes countable asset limit for the eligibility category	
	A formal assessment is done to determine a person's needs.	

ABBREVIATION KEY:

FPL = Federal Poverty Level

LTC = Long Term Care

LOC = Level Of Care

* NOTE: Nursing home, MI Choice Waiver and PACE recipients who have a spouse that lives in the community are entitled to a special asset determination which allows the community spouse to keep half of their total assets (up to a maximum, which is \$109,560 for 2009) without them being counted towards the recipient . Complete details and eligibility criteria can be found in the Program Eligibility Manual (PEM) item 402 - Special Medicaid Asset Rules.

In general, the terms Group 1 and Group 2 relate to financial eligibility factors.

- For Group 1, net income (countable income minus allowable income deductions) must be at or below a certain income limit for eligibility to exist. The income limit, which varies by category, is for nonmedical needs such as food and shelter. Medical expenses are not used when determining eligibility for FIP-related and SSI-related Group 1 categories.
- For Group 2, eligibility is possible even when net income exceeds the income limit. This is because incurred medical expenses are used when determining eligibility for FIP-related and SSI-related Group 2 categories.